



PRESENCE - THE CORE OF NURSING

Elderly People's Experiences of the Presence of their Primary Nurse

Eva Maria Halme

Bachelor's Thesis
November 2012
Degree Programme in Nursing

TAMPEREEN AMMATTIKORKEAKOULU
Tampere University of Applied Sciences

ABSTRACT

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Degree Programme in Nursing
Option of Medical-Surgical Nursing

HALME, EVA MARIA:

Presence – the core of nursing

Elderly people's experiences of the presence of their primary nurse

Bachelor's thesis 36 pages, 2 appendices
November 2012

The purpose was to explore how elderly people experience the presence of their primary nurse. The aim of this study is to increase the wellbeing of the residents and present to the working-life co-operator what kind of nursing presence the residents value. Since the study dealt with lived experiences of individuals, qualitative research approach was used. The data was collected through semi-structured theme interviews of five elderly people living in Koukkuniemi home for the elderly. The data analysis method was qualitative content analysis.

The results were divided into five categories: Relation to the primary nurse, experiences about the nurses' traits and behaviour, sense of hurry, why nurses are in a hurry: residents' experiences, and views of the good nurse. It was revealed in the interviews that the residents did not know the name of their primary nurse. Therefore, the conversations were held about nurses generally working in the ward. The interviewees brought up the wish of knowing the identity of their primary nurse, in order to establish a caring relationship where the residents could learn to know their primary nurse better. The residents also expressed the wish that nurses would spend more time with them, but they believed the nurses were too busy for that. A sense of hurry was an issue that was repeatedly brought up: the nurses were experienced to be constantly busy, but that did not have an effect on the quality of nursing care on the residents' opinion. The nurses were also experienced to be friendly towards the residents in spite of the rush. The residents supposed that the reasons why nurses were in a hurry were the great number of patients living in the ward, patients who must be fed, nurses' own meetings and the generally heavy workload of the nurses. When talking about the qualities of a good nurse, the interviewees appreciated a nurse who has an appropriate manner of speaking, who greets and talks considering the other's needs and does not stay distant. The nurse's possibility to give time for a resident was appreciated in the answers.

The findings of this Bachelor's thesis show that elderly people value the presence of nurses and the nurses are an important social contact for the residents of the ward.

Keywords: presence, primary nurse, elderly people, primary nursing

TIIVISTELMÄ

Tampereen ammattikorkeakoulu
Tampere University of Applied Sciences
Hoitotyön koulutusohjelma
Sisätauti-kirurginen hoitotyö

HALME, EVA MARIA:

Presence – the core of nursing

Elderly people's experiences of the presence of their primary nurse

Opinnäytetyö 36 sivua, 2 liitettä
Marraskuu 2012

Tämän opinnäytetyön tarkoituksena on tutkia millaiseksi vanhukset kokevat omahoitajansa läsnäolon. Tutkimuksen tavoitteena on parantaa asukkaiden hyvinvointia sekä esittää työelämän yhteistyökumppanille minkälaista sairaanhoitajan läsnäoloa asukkaat arvostavat. Koska tutkimuksessa käsitellään yksilöiden elettyjä kokemuksia, laadullista tutkimusmenetelmää käytettiin. Tiedot kerättiin puolistrukturoiduilla teemahaastatteluilla ja niihin osallistui viisi Koukkuniemen vanhainkodin asukasta. Tietojen analysointimenetelmänä käytettiin sisällönanalyysi-menetelmää.

Tutkimuksen tulokset jaettiin viiteen kategoriaan: suhde omahoitajaan, kokemukset hoitajien luonteenpiirteistä ja käytöksestä, kiireen tuntu, kokemuksia miksi hoitajat ovat kiireisiä, sekä näkemyksiä hyvästä hoitajasta. Asukkaat eivät tienneet omahoitajansa nimeä, joten keskustelut käytiin yleisesti osastolla työskentelevistä hoitajista. Haastateltavat toivat esiin toiveen tietää omahoitajansa henkilöllisyyden, jotta muodostuisi hoitosuhde jossa asukkaan olisi mahdollista tunkea hoitajansa paremmin. Asukkaat myös toivoivat, että hoitajat viettäisivät heidän kanssa enemmän aikaa, mutta epäilivät kiireen estävän sen. Kiireen tuntu olikin asia joka nousi toistuvasti esiin: hoitajien koettiin olevan jatkuvasti kiireisiä, mutta sen ei kuitenkaan koettu vaikuttavan hoidon laatuun. Hoitajien myös koettiin olevan ystävällisiä kiireestä huolimatta. Syinä kiireeseen asukkaat arvelivat olevan osaston suuri asukasmäärä, potilaat joita piti syöttää, hoitajien omat kokoukset sekä suuri hoitajien työmäärä yleisesti. Keskusteluissa hyvän hoitajan ominaisuuksista asukkaat nostivat esiin hyvän hoitajan, jolla on asiallinen käytös, joka tervehtii ja keskustelee toisen osapuolen huomioiden eikä jää etäiseksi. Hoitajan mahdollisuutta antaa aikaa asukkaalle arvostettiin vastauksissa.

Opinnäytetyön tulokset osoittavat, että vanhukset arvostavat hoitajan läsnäoloa ja hoitajat ovat osaston asukkaille tärkeä sosiaalinen kontakti.

Asiasanat: läsnäolo, omahoitaja, vanhukset, omahoitajuus

CONTENTS

1	INTRODUCTION.....	5
2	THEORETICAL STARTING POINTS.....	6
	2.1 Concept of nursing presence.....	6
	2.1.1 Antecedents to presence.....	8
	2.1.2 Outcomes of nursing presence.....	9
	2.2 Concept of primary nursing.....	10
	2.3 Concept of nursing home resident.....	12
	2.4 Concept of institutional care.....	12
	2.5 Ethics in nursing.....	13
3	PURPOSE OF THE STUDY AND RESEARCH QUESTIONS.....	14
4	METHODOLOGY.....	15
	4.1 Qualitative research method.....	15
	4.2 Data collection.....	15
	4.3 Data analysis.....	16
5	FINDINGS.....	19
	5.1 Residents' relation to the primary nurse.....	19
	5.2 Experiences about the nurses' traits and behaviour.....	20
	5.3 Sense of hurry.....	22
	5.4 Experiences why nurses are in a hurry.....	23
	5.5 Views on good nursing care and good nurses.....	24
6	DISCUSSION.....	26
	6.1 Discussion of the findings.....	26
	6.2 Trustworthiness of the findings.....	26
	6.3 Ethical considerations.....	28
7	CONCLUSIONS.....	29
	REFERENCES.....	30
	APPENDICES.....	33
	Appendix 1. Topic guide.....	33
	Appendix 2. TABLE 1.....	35

1 INTRODUCTION

The presence of nurses is an essential component of caring and is a basic concept in all nursing interventions (Tavernier 2006, 152-156, according to An & Jo 2009, 80). It is an intentional nursing activity necessary for the nursing process and patient safety. When the nurse is fully present, she is open to the patient, the patient's problems, issues, or needs. The nurse is focused on the whole patient and performs intentional acts in giving care. (La Cava Osterman, Schwartz-Barcott & Asselin 2010, 197-198.) Nursing presence is essential because it is the fundamental nature of nursing to be present with patients (Chase, Doona & Haggerty 1997, 13).

According to Pukuri (2002, 63) recent studies indicate that primary nursing enables the most patient-centered care, and is thus the best possible nursing care model available. In the nursing research literature the usefulness of presence as a treatment modality has been generally accepted as valid (Zyblock, 2010, 120). The working life cooperator of this study is a ward in the Koukkuniemi home for the elderly. The nursing care delivery model that is utilized in that ward is primary nursing. The basic idea of primary nursing is that the care of a single patient is under supervision of one nurse from the admission to the hospital until the discharge from hospital (Hegyvary 1977, 187-196, according to Hegyvary 1991, 17).

The purpose of the thesis was to explore how the residents of the ward experience the presence of their primary nurse. To the working life co-operator the study will indicate the level of the wellbeing of residents and thus the quality of care. The author's personal interest in the topic is an important ground for the topic selection.

2 THEORETICAL STARTING POINTS

A literature review was performed to lay the foundation and provide context for this study and to help to identify relevant conceptual frameworks and appropriate research methods (Polit & Beck 2008, 106-107). The nursing literature concerning nursing presence and primary nursing was searched from electronic databases including CINAHL (EBSCOhost) and Academic Search Elite (EbscoHOST). The manual search was executed using nursing journals and nursing textbooks. Both Finnish and English textbooks were used. The keywords used were presence, nursing, caring, and primary nursing, and combinations of them. The author deliberately chose to use some older publications as well due to their content that can still be regarded as valid. The searches were carried out in the time period between October 2011 and May 2012.

2.1 Concept of nursing presence

The word of presence is derived from Latin and French word *praesen*, which consists of the words *prae*, meaning in front, and *sens*, meaning being (Chase et al. 1997, 6). The Oxford English Dictionary (2007) defines the word as following: “A person or thing that is physically present; the place or space in front of or around a person; the company or society of someone”. Recent nurse scholars have defined presence as an inter-subjective encounter between a nurse and a patient in which the nurse encounters the patient as a unique human being in a unique situation and chooses to “spend” herself on his behalf (Chase et al. 1997, 3).

According to Zyblock (2010, 120-121), presence has gained recognition over the years as a valuable dimension, but it still remains as a concept that needs further study. Also the nurse researcher Finfgeld-Connett (2006) states that since presence is a component of several nursing frameworks and its significance to nursing has been praised by numerous scholars, it is important that the concept of presence should be further clarified (Finfgeld-Connett 2006, 709). The usefulness of presence as a treatment modality has been generally accepted as valid in the nursing research literature (Zyblock 2010, 120-121). A nurse’s presence is seen for example as a healing “tool”, as An and Jo (2009, 80) are referring in

their study to Rankin and DeLashmutt (2009), who claim that “nursing presence as a nursing intervention helps improve not only physical function but also mental health”.

Finfgeld-Connett (2006) carried out a systematic literature review about the concept of presence in nursing. She describes presence as an interpersonal process that is characterized by sensitivity, holism, intimacy, vulnerability and adaptation to unique circumstances. According to the author presence consists of a process in which patients demonstrate a need for and openness to presence. Thus, the patient must possess certain readiness and will to establish presence with the nurse. (Finfgeld-Connett 2006, 708.) Finfgeld-Connett's (2006) contention is that the concept of presence has unclear boundaries and it is poorly defined, that it has been fragmented into numerous types, used indiscriminately and combined or confused with other loosely defined concepts such as caring, empathy, and therapeutic use of self. Therefore Finfgeld-Connett (2006) suggests that advanced concept development methods should be used to differentiate presence from other nursing phenomena such as caring. (Finfgeld-Connett 2006, 708-713.)

The concepts of presence and caring can be seen as overlapping for example in Fredriksson's (1998) qualitative study. In his study the concepts of presence, touch and listening seemed to be “the caring elements” which help the patient and the nurse to connect in a way, which enables the patient to express his suffering, to tell about it and to interpret it in a meaningful way. (Fredriksson 1998, 24-32.) Also Covington (2005) combines the concepts of presence and caring in her study describing experiences of caring presence. The author defines caring presence as a relationship between two people who share themselves through ways of being, behaving, and feeling. In Covington's studies (2005) there were three themes emerging to describe the experience of caring presence. Those themes were mutual trust and sharing, transcendent connectedness, and metaphysical experience. Consistent attentiveness, listening, and availability were noticed to reinforce the patient's trust and sense of being heard and understood. Covington (2005) states that patients intuitively seem to know whether the nurse is authentically there or merely going through the motions of caring. (Covington (2005, 169.)

The nurse researcher Patricia Benner (1984) developed the concept of presencing, which means being with the patient. Benner (1984) states that nurses are often trained to believe that they are most effective when doing for a patient. In Benner's study (1984) several

nurses noted, however, the essential importance of just being with a patient. The author summarizes that the nurses in the study saw the value of their presence for their patients. Nurses also pointed to the importance of touch and person-to-person contact between patient and nurse. (Benner 1984, 57-58.) The phenomenological study of Caldwell, Doyle, Morris and Mcquaide (2005) about nurses' perceptions of establishing presence with patients supports Benner's findings. In their study they made the conclusion that nurses intuitively sense that presence is the essential core of all healing. They also broadened Benner's definition about presencing by describing how nurses experienced it as a dynamic process of knowing the uniqueness of individual clients; listening actively with intense focus on the client; engaging several potential channels for change; caring with confidence, creativity, and perceived respect; and involving clients optimally. (Caldwell, Doyle, Morris & Mcquaide 2005, 854-868.)

According to Chase et al. (1997) and Campbell and Davis (2011), nursing presence is more than a physical existence beside the patient. A physical, mental, emotional, and spiritual presence are all encompassed in the term presence relating to nursing practice (Campbell & Davis 2011, 7). Chase, Doona and Haggerty (2007, 13) claim that if the nurse focuses on doing to the patient, she becomes forgetful of the patient's being and nursing presence becomes impossible. Campbell and Davis (2011) even claim that "neglecting to offer a real presence for a patient is an abandonment that can lead to further distress and to a relationship which is tainted by distrust" (p. 8). They further state that "this negligence would go against the ethical principle of respecting the dignity of that human and seeking to provide the greatest good through the care given" (Campbell & Davis 2011, 8).

2.1.1 Antecedents to presence

In order to be present, nurses must be willing to enact presence and practice within an environment that is conducive to it (Finfgeld-Connett 2006, 708). Zyblook (2010, 122-123) continues by stating that in order to establish presence, frequent visits are made with patients to gain trust and to learn individual symptoms. The antecedents to presence are the nurse's decision to immerse herself in the patient's situation and the patient's willing-

ness to let the nurse into that lived experience (Chase et al. 1997, 7-12). According to Godkin (2001), presence as process also involves both trust and intimacy on behalf of the nurse and the patient (Godkin 2001, according to Zybblock 2010, 122).

Chase, Doona and Haggerty (1997) state that a nurse cannot be taught presence, although nursing has tried to teach this by teaching behaviours associated with presence, such as active listening, empathic connectedness, and the therapeutic use of self. However, they believe that a nurse can learn to be a presence as she is present to herself. Further from this awareness, this being present to herself, the nurse can make the decision to participate in the patient's situation. (Chase et al. 1997, 7-12.) Furthermore, from the nurses being fully in the present moment necessitates emptying oneself of personal desires, setting aside thoughts of the past or future, resisting the urge to plan what one will say or do, focusing only on the person before us, and believing that this moment is the only one possible (Stanley 2002, 939).

2.1.2 Outcomes of nursing presence

According to Zybblock (2010), presence is transformative to the patient care experience and has the potential to facilitate the patient's healing process and by establishing presence a nurse can enhance the nurse-patient relationship (Zybblock 2010, 123). In a study carried out by Fredriksson (1999, 1170) some observed outcomes of being with a patient were alleviation of suffering, lessening of a sense of isolation and vulnerability, and growth through difficult experiences. According to Chase, Doona and Haggerty (1999, 54-70) there is an increased level of trust and safety existing within the nurse-patient relationship when the nurse is fully present with the patient. Finfgeld-Connett (2006, 708) presents that nursing presence results in enhanced mental wellbeing for nurses and patients and improved physical wellbeing for patients. Figure 1 presents the process of presence from the nurses and patients' point of view. It shows what is required from the nurses and patients to be able to establish presence; what are the qualities that enable the process of presence, and what are the outcomes of presence for both the nurses and the patients.

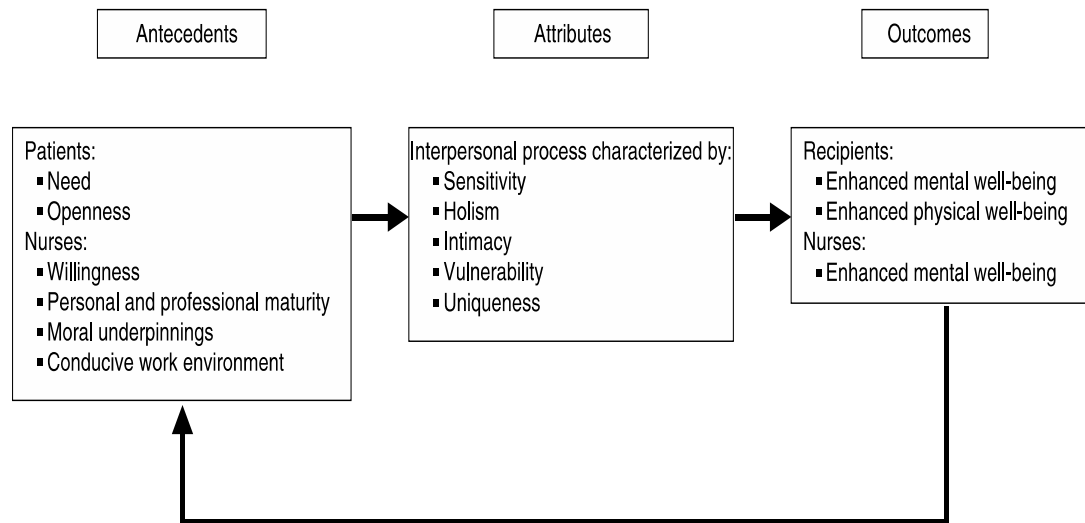


Figure 1 Process of Presence (Finfgeld – Connett, 2006, 711)

2.2 Concept of primary nursing

Primary nursing was developed in the United States of America in the 1960s (Pokki & Merasto 1997, 2). It is a nursing care delivery model based on the therapeutic relationship between the nurse and the patient, in which both work for the promotion of patient's prevailing health (Munnukka 1993, 99). In the philosophy of primary nursing the human being is seen as a unique, holistic individual, who is more than the sum of his parts. He must be approached holistically, not from the parts of the body. (Telaranta 1997, 23.) Therefore, in an optimal nurse-patient relationship the content of nursing is determined by the individuality of the patient, where the primary nurse observes, hears, and acts. Time should be given to the patient, there should be a sense of unhurriedness in the air, and the patient should be able to experience warm caring. (Sorsa 2001, 175.) Primary nursing requires from the nurse for example knowledge, skills, will, and planning of nursing procedures in order to fulfill primary nursing (Laitinen 2003, 161).

According to nurse researchers Munnukka and Kiikkala (1995), in primary nursing the patient is immediately (or within 24 hours at the latest) assigned a primary nurse who is responsible for his care for the full length of the hospital stay. The primary nurse should design a written care plan in relation to patient care needs, which ensures accountability

and continuity of care, even when the primary nurse is off duty or on a holiday. The primary nurse teaches and guides the patient, but the needs of the patient's family are taken into consideration as well, since teaching and guiding the patients and their family members are included in the nursing care plan. The primary nurse is responsible for assessing the patient's situation, the planning of nursing care, and implementation and evaluation of nursing care. (Munnukka & Kiikkala 1995, 187-191.) Thus, the primary nurse is accountable for the total patient care. Muhonen (2008) has carried out a questionnaire study in which she claims that it is a primary nurse's responsibility to introduce himself or herself to the patient in the beginning of each therapeutic relationship. She further states that primary nursing requires taking responsibility of the patient for the whole length of the care, and introducing oneself as a primary nurse is a part of that responsibility. (Muhonen 2008, 9-31.)

Williams and Irurita (2001) studied perspectives of both nurses and patients of the experience in nursing care delivery in acute care hospital settings. They discovered that patients hoped to be encountered with empathy and compassion, and that the nurses would be available for them when needed. Besides, the patients described high-quality care such as a soft-hand care, incorporating the personal touch, an effective nurse patient relationship, patient participation and individualising care. (Williams & Irurita 2001, 806-814.) Suhonen, Välimäki, Katajisto and Leino-Kilpi (2007) studied more the concept of individual care and how to make the care more individualised using primary nursing. In their study they found an inverse relationship between the size of the hospital and ward and patients' perceptions of individualised care. They reported that an increased staffing or skill mix failed to predict a higher patient perception of individualised care, but primary nursing care delivery did. Their conclusion was that instead of increasing the amount of nursing staff, there is a need to improve the quality of the nurse-patient interactions to facilitate individualised care. Their study shows that primary nursing seems to be the best and also a cost-effective method for improving the quality of nurse-patient relationships. (Suhonen et al. 2007, 197-206.)

In a dissertation Kivi and Metsäranta (2009) explored patients' and nurses' experiences concerning primary nursing in operative departments of specialised health care. From the results of the research it was found out that more than half of the patients and also nurses

had the opinion that the patients know the work shifts of their primary nurse. The majority of the patients experienced that they were discussing with their named nurse about the decisions concerning their care. There was, however, a noticeable difference between nurses and patients' estimation about the time a nurse had spent with a patient during the nurses' shift: the nurses estimated that they had spent around 35 minutes with their own patient during their shift. The patients, on the contrary, estimated that the named nurse had been with them eight minutes on average during their shift. (Kivi & Metsäranta 2009.) According to the report of Pokki and Merasto (1997), The Finnish Nurses Association has in its own activity set as goal that nurses should work according to the principles of primary nursing both in hospitals and community care (Pokki & Merasto 1997, 3).

2.3 Concept of institutional care

The respondents of the study are residents of Koukkuniemi home for the elderly where they are receiving institutional care. Institutional care can be defined as the maintenance, treatment and care in a hospital, care institution or in another similar unit. Institutional care is determined as long-term care when the care is estimated to last more than three months. (Luoma 2007, 11.) Long-term institutional care is given to people for whom constant care cannot be arranged at home or in service accommodation. It includes rehabilitative activity, food, medicines, cleanliness, clothing and services to promote social wellbeing. (Ministry of Social Affairs and Health 2010a.) The aim of institutionalized care is to support old people's quality of life, self-determination and independent living regardless of their functional capacity (Luoma 2007, 7). The ageing policy is carried out by municipalities, which arrange the social and health services that older people require (MSAH 2010b).

2.4 Concept of nursing home resident

Institutions and assistant living facilities are at the moment the living- and care-environment for over 40 000 Finnish people over 75 years of age, who need round-the-clock care. Primarily those people need help due to deficits in functional capacity caused by memory problems. (Ministry of Health and Social Affairs 2010c.) Thus, nursing home residents are relatively old and need a lot of care (Lehtonen 2005, 19). The Oxford Eng-

lish Dictionary (2007) gives a wider meaning to the word “resident” and defines it as “a person who resides permanently in a place; a permanent or settled inhabitant of a town, district etc.”, “or living somewhere on a long-term basis”.

2.5 Ethics in nursing

Nurses must also possess personal and professional maturity and base their practice on moral principles of commitment and respect for individual differences (Finfgeld-Connett 2006, 708). The Finnish Nurses Association has set ethical guidelines of nursing (Finnish Nurses Association 1996). According to the guidelines the nurse should encounter his or her patients as valuable human beings and create a nursing environment that takes into consideration the values, convictions and traditions of individuals. The autonomy and self-determination of the patient should be respected and a patient should be given an opportunity to participate in decisions concerning his/her own care. The nurse should treat the patient as a fellow human being, listen to the patient and empathize with him/her. The relationship between a nurse and patient should be based upon open interaction and mutual trust according to the guidelines. These values are similar to the Principles of Health Care Ethics set by The National Advisory Board on Social Welfare and Health Care Ethics (ETENE 2001).

The city of Tampere has published a report concerning the ethics of elderly care in institutions (Suonsivu, Mäkipää & Suominen 2009). In the report an ethical work group has set guidelines for health care professionals working with the elderly in Tampere area. Therefore, those guidelines also apply the nurses and nursing care given in Koukkuniemi home for the elderly. The ethical work group states that safety is one of the basic values of high-quality care; feeling of safety can be created through the experience of being understood and heard. It also presents that the basis of working with the elderly is respecting true presence, cooperative and reciprocal ways of helping. The needs of the elderly and their loved ones should be taken into consideration, and the health care professionals should work in collaboration with the elderly, support their independent functional capacity and try to give them sufficiently time. (Suonsivu, Mäkipää & Suominen 2009, 3-31.)

3 PURPOSE OF THE STUDY AND RESEARCH QUESTIONS

The purpose of this study was to investigate the significance of a primary nurse's presence when giving care to her patient in a ward in Koukkuniemi home for the elderly. To provide research data five qualitative interviews were carried out. To the working-life this thesis will present how the residents of the ward find the presence of nurses and what kind of nursing the interviewees valued the most. The patient-focused outcome of the thesis is to increase the wellbeing of the patients, for example increase their feeling of security and feeling of being cared and accepted.

The research questions "*What kind of nurse's presence do the residents appreciate and wish to have?*" and "*What makes a nurse and nursing care good in the residents' opinion?*" were covered in the interviews performed with the study participants to provide research material.

4 METHODOLOGY

4.1 Qualitative research method

The research method of this Bachelor's thesis is qualitative. The qualitative research focuses on the way people make sense of their experiences and the world in which they live. In a qualitative study the researchers use the strategies of observing, questioning and listening, immersing themselves in the "real" world of the participants. For the understanding of the participant's experiences, it is necessary to become familiar with their world. Qualitative research is based on the premise that individuals are best placed to describe situations and feelings in their own words. (Holloway & Wheeler 2010, 3-6.)

4.2 Data collection

Interviewing is one of the most common methods of gathering data (Hirsjärvi & Hurme 2004, 34). In this study the data was collected using semi-structured patient interviews. Therefore, the researcher prepared a written topic guide (appendix 1), which is a list of areas that was covered with each participant in the semi-structured interviews (Polit & Beck 2008, 394). The best known semi-structured interviewing method is focused interview, in which the same themes are gone through, but the design and order of the questions may vary (Ruusuvuori & Tiittula 2005, 11). Accordingly, Polit and Beck (2008) define the focused interview as a loosely structured interview in which an interviewer guides the respondent through a set of questions using a topic guide (Polit & Beck 2008, 754). In the interviewing situations of this study the design and questions varied, but the written topic guide still formed the framework for the questions. The questions were in Finnish since all the respondents of the study were Finnish speaking.

The research sample was purposive because the ward nurse chose the interviewees. The purposive sampling strategy means selecting cases that are particularly knowledgeable about the issues under study and will most benefit the study (Polit & Beck 2008, 343, 355). The permission to perform interviews was applied for 10 residents. The interviews were carried out between March and May 2012. Two of the respondents were men and

four were women. One of the interviewees was not able to answer the questions and the interview lasted six minutes. Thus, the final sample size was five.

The most suitable place for an interview is a place where communicating can happen without disturbances. To guarantee the privacy the interviews were done in a quiet room, where the author and the interviewee were alone. There was a sense of unhurriedness in the interview situation and an atmosphere where interviewees were allowed to speak freely and answer the questions according to their personal communication abilities. (Hirsjärvi & Hurme 2004, 74; Polit & Beck 2008, 386.) The interviews were recorded using a recorder of a computer, which was told to the participants in advance (Hirsjärvi & Hurme 2004, 93).

4.3 Data analysis

According to Hirsjärvi, Remes and Sajavaara (2007) findings must be clarified and interpreted. In this study interpretation meant that the researcher contemplated the results of the analysis and made conclusions out of them. In the data analysis phase the nature of answers related to the research problems appeared to the researcher. The data analysis was performed after transcribing the interviews. (Hirsjärvi et al. 2007, 216-224.) The data analysis method was a qualitative content analysis, which means analysing the content of narrative data to identify prominent themes and patterns among the themes (Polit & Beck 2008, 517). The approach into data analysis was inductive, which is defined as a process of reasoning from specific observations to more general rules (Polit & Beck 2008, 755).

Hirsjärvi, Hurme and Sajavaara (2007) suggest that the data analysis method should be contemplated already before collecting the data. They further present that if the data analysis method has been considered beforehand, it can be used as a precept when planning the interview and its transcription. In this study the researcher had decided to use the qualitative content analysis, which meant the interview themes, questions and data collection method were planned beforehand. This helped the author to analyse and interpret the material simultaneously when collecting the data, as often happens in the interview situation. Since the researcher made the interviews by herself, she could observe phenomena according to their multiplicity, frequency, and distribution. In this study the number of

interviewees was expanded from the original four into six in order to collect more data and verify hypotheses the author had been developing. (Hirsjärvi et al. 2007, 153-220.)

According to Hirsjärvi, Remes and Sajavaara (2007) the data collected by means of a focused interview is usually broad. Therefore it is not always necessary to analyse all of the material, and the researcher cannot even utilise all the material collected. The authors present that it is possible to make the transcription from the whole interview dialogue, or it can be done selectively from research theme areas. They point out that it depends on the research problem and the research excerpt how accurately the transcribing should be conducted. (Hirsjärvi et al. 2007, 138-139.) Because the researcher knows the material so profoundly that she is able to recognize the theme areas from the recorded material, she is able to notice when it is needed to write verbatim dialogues (Hirsjärvi & Hurme 2004, 142). Those suggestions were implemented in this research: the recorded interviews were not written entirely verbatim, instead the author chose to write the parts of the dialogues that she considered informative regarding the research task. The material was read through several times, which is the prerequisite for becoming familiar with the acquired interview material and to get the sense of whole (Hirsjärvi & Hurme 2004, 143; Graneheim & Lundman 2004, 108).

In a qualitative content analysis the aim is to attain a condensed and broad description of the phenomenon, and the outcome of the analysis is concepts or categories describing the phenomenon (Elo & Kyngäs 2008, 108). According to Tuomi and Sarajärvi (2004), the content analysis process is based on interpretation and inference and concepts are combined in order to attain response to the research question. They also suggest that the unit of analysis must be defined prior to the process of analysis. The unit of analysis can be for example a single word, or a sentence of a discussion (Tuomi & Sarajärvi 2004, 112-115.) Graneheim and Lundman (2004) suggest that the most suitable unit of analysis is whole interviews that are large enough to be considered a whole and small enough to be possible to keep in mind as a context for the meaning unit, during the analysis process. A meaning unit can be defined as words, sentences or paragraphs containing aspects related to each other through their content and context (Graneheim & Lundman 2004, 106). In this study the author chose to use the qualitative content analysis concepts and procedure by Graneheim and Lundman (2004) to achieve trustworthiness. First the transcribed interviews were read through several times to obtain a general view of the interviews. After that the author surveyed what kind of topics were repeating in the interviewees' answers

and formed categories according to that. The sentences answering to the research questions were underlined from the text. The underlined sentences were further divided into meaning units through condensation, which means a process of shortening while still preserving the core. After that they were divided by abstraction into five sub-categories, which formed the manifest content of the interviews. According to Graneheim and Lundman (2004), abstraction emphasizes descriptions and interpretations on a higher logical level. The creations of codes, categories and themes on varying levels are examples of abstraction. (Graneheim & Lundman 2004, 106-107.)

Creating categories is the core feature of qualitative content analysis, and Graneheim and Lundman (2004) refer in their article to Krippendorff (1980,) who presents that a category is a group of content that shares a commonality. A category often includes a number of sub-categories at varying levels of abstraction. In this study the author formed five sub-categories according to the results of inductive data analysis process. These sub-categories were all under the theme “Elderly people’s experiences of the presence of their primary nurse”. Graneheim and Lundman (2004, 106-107) present theme as a way of linking the underlying meaning together in categories, and it can be constructed by sub-themes or divided into sub-themes.

5 FINDINGS

5.1 Residents' relation to the primary nurse

None of the interviewees knew who their primary nurse was and some of them claimed that they did not even have such nurse. The residents experienced that nurses has been changing in the ward but it did not disturb them. It was also mentioned that it did not matter who of the nurses were taking care of them, since all the nurses were regarded as equally good. One of the interviewees supposed that it would be difficult to arrange it so that the same nurses would visit the same patients.

"Ei minulla ole omaa hoitajaa. On vaihtunu hoitajat ja nimiä en valitettavasti tunne. "

" I don't have a primary nurse. The nurses have been changing and the names I don't unfortunately know. "

"En oo huomannu, mutta mitkä täällä on on aika hyviä hoitajia, pitäneet musta hyvän huolen"

"I haven't noticed, but they who are here are quite good nurses, they've taken good care of me"

The interviewees knew that they should have a primary nurse but they did not remember her name, nor did they remember the names of other nurses'. The interviewees told that it would be nice to know the names of the nurses, in addition some of them were sorry for not knowing the names of the nurses. However, they had not even been asking the name of the nurses and some of the residents did not even want to know the names of all of the nurses working in the ward. It was also experienced that there was no need of having a primary nurse, but she would be welcomed if she was to come, but having a primary nurse would still be unnecessary.

"Kai niistä joku on mun omahoitajani.. kun tota noin..mä oon vasta niin vähän aikaa ollu hoitajien alaisena.. enkä tiedä tänä päivänä kuka sitten olis semmoinen hoitaja [omahoitaja]...en kyselly."

"I guess one of them is my primary nurse...I have been subordinate to the nurses not for long..and I don't know who then would be that kind of a nurse [primary nurse].. I haven't been asking."

"Eei, en koe [että haastateltava tarvitsisi omahoitajaa]. Saa jos hän haluaa joku tulla.. mutta näen sen, että se on ihan turhaa."

"No, I don't think that way [that the interviewee would need a primary nurse]. She may come if someone wants to come...but I see it so, that it would be utterly for vain. "

5.2 Experiences about the nurses' traits and behaviour

The residents of the ward were without exception satisfied with the nursing care they had received and they regarded the nurses as very likeable. One of the interviewees remembered that she had earlier had a primary nurse, and that the person had been important for her.

"No se on ihan kuin läheinen on"

"Well, she is just like a close person"

The nurses were described to be as nice, friendly and smiling persons in the interviewees' answers and the residents felt there was nothing to complain about the nursing care they had received. The concern about the great workload of nurses came out in the interviews: the residents experienced that the nurses were very busy due to the many nursing activities, and it was appreciated that the nurses still managed to be friendly and nice towards the residents. The work of nurses was regarded hard since the residents thought that nurses have to be with many kinds of patients during the day and to hurry in the ward. Besides, the residents thought that the nurses had to find time to be in many places, and it was suspected that it required strength from the nurses. The residents experienced that the nurses of the ward smiled easily, even though it was thought that smiling is not always easy. The reason why the nurses were regarded as good was their friendly behaviour.

"Kyllä ne kaikki kauheen kivoja on noi hoitajat että kun aattelee sitä työtä mikä heillä on, kuinka paljon ne joutuu päivän mittaan tekeen ja jalkojen päällä oleen"

niin.. kyllä minun mielestä on..ihan ihania.. en tiedä olenko oikeassa mutta tälle olen käsittänyt että ne on hyvin ihania...”

“All the nurses are very nice when thinking about the work they have, how much they have to work during the day and to be on their feet...I think..very lovely..I don't know if I'm right but that's what I've comprehended, that they are very lovely...”

Kyllä täällä kauheen kivat hoitajat on noi tytöt, että ei minulla ainakaan mitään valittamista

”Yes, nurses here..those girls are very likeable, so at least I haven't got anything to complain about”

The residents expressed that it would be nice to spend more time with the same nurse so that they would learn to know the nurse better. Another view was that by knowing the nurse better would help them to reach mutual understanding. One resident told that it would be nice if the nurses had time to take the residents outside for a walk.

”Ehkä se vois olla [kiva viettää aikaa saman hoitajan kanssa].. ja kun tulee uus niin ei vielä tiedä miten puhua ja miten pitää olla..kun on semmonen tuttu hoitaja.. niin se on paljon mukavampi sillai sitte..”

“Maybe it could be [nice to be with the same nurse]..and when a new comes so one doesn't know yet how to talk and how to be..when there is that kind of familiar nurse..so it is much nicer like that then..”

”Totta kai se on aina eduks [kun tuntee hoitajan]. Sen takia juuri että tietää mitä se tarkoittaa.. että mitä se sitten tarkoittaa sillä.. esim. jostain taudista tai.. niin niin että pääsee yhteisymmärrykseen.”

“Of course it is always to your advantage [to know the nurse] . Because for that reason one knows what she means.. what she means by that.. for example. of some disease or.. so that a mutual understanding can be reached.”

5.3 Sense of hurry

The participants experienced that the nurses of the ward were quite busy. All nurses were experienced to be equally busy. Besides, it was assumed that the nurses were in a hurry but they did not show it to the residents. The residents experienced that they sometimes had to wait quite long until they got help from the nurses, for example if there was a need to go to toilet and the nurses' assistance to get there was required. The sense of hurry was for example expressed as following: "when a nurse comes, she immediately goes away". After this statement it was added, however, that these kinds of situations had not happened often, and the interviewee thought that the nurses should not be accused for it. It was also assumed that the nurses would desperately try to arrange time for a resident if one insisted it, but one would not have any desire to do that since one thought it would be out of their working hours.

The residents expressed that they would like to spend more time with the nurses, but they thought that the nurses would not have time for that. The residents told that when a nurse comes to a resident's room they do not talk almost at all, the nurse does her job and that is all what happens in this kind of situation. Related to this, one resident experienced that when a nurse comes to check how a resident is doing, this checking will be done quickly. The residents told that they would like to talk more with the nurses but since they did not have such diseases they would like to ask questions about, they did not want to bother them. The residents also experienced that they would not like to talk more with the nurses since they did not know what to ask from them.

The residents experienced that often the nurses only had a look at the patients and they say something [briefly] until they go away, but that it was also enough to say a few words only. One assumption was that since there were so many patients in the ward, the nurses did not have time to talk with them about all kinds of things. It was also told that when a nurse comes to see the patients in the morning and chats about things a bit, that would be sufficient talking in the resident's opinion.

"Kyllä se olis mukavaa kun joku tulis ja juttelis vähän aikaa"

"Yes, it would be nice if somebody came and talked for a little while"

"Jaa jutella. Hoitajan kanssa? Ei niillä hoitajilla kuule ole aikaa jutteluun silloin kun on työaika niin... minä ainakin tykkään sillai ettei niillä ole aikaa."

To talk? With a nurse? The nurses don't have time to talk when working... at least I think that they don't have time"

"Niin, mutta eihän niillä ole aikaa.. sen käsityksen mä ainakin olen saanut että to- ta nähnyt ettei niillä ole aikaa.."

"Yes, but they don't have time.. at least I have got the impression that.. seen that they don't have time.."

5.4 Experiences why nurses are in a hurry

The participants experienced that the most common reasons why nurses were in a hurry were the great number of other patients who needed to be fed and visited. The residents also thought that the nurses' work is so hard they would not have time just to chat with them besides their job. That is the reason why one of the interviewees told that she had not even tried to ask the nurses when they could come and treat her and what would be done at what time, or set any other requirements concerning nurses' time use. In addition to nursing activities, it was experienced that nurses' own meetings and mealtimes were hindering them to spend more time with the residents. Moreover, the nurses were believed to be involved in many kinds of other things as well. One of the residents assumed that when the nurses come, they are already in a hurry and have to go to many other places as well. This resident also experienced that the nurses do everything together.

"Niillä on toisinaan niin kiire kun niillä on niin paljon potilaita joita pitää syöt- tää"

"They are sometimes so in a hurry since they have so many patients who have to be fed"

"Täällä on niin paljon potilaita ja kaikkien tykönä pitää käydä"

"There are so many patients here are they all need to be visited"

"Mää vaan sitä aattelin että kun täälläkin on potilaita niin paljon niin..että eihän heillä oo aikaa yhdelle sillai.. että jäis juttuja jutteleen siihen.."

"I was just thinking that since there are so many patients here... so they don't have time just for one..just to stay to chat there"

"No niin no...ei ne..ei ne kerkiä [viettämään aikaa].. omat työt..ja omat potilaat..niitä potilaita on niin paljon ettei sillai ne kerkiä oleen... menee toiseen paikkaan"

"Well..they don't..they don't have time..own tasks..and own patients..there are so so many patients here that they don't really have time to be..they go to an other place."

5.5 Views on good nursing care and good nurses

When asked the residents' opinions on good nursing and characters of a good nurse, it was brought out the wish of nurses who would have time for a patient: a good nurse would be somebody who could be all the time present as a nurse and caring the patients. Good nurses would not have to speak long but it would be enough if they greeted and said something to the residents. One resident also thought that nurses should not act however they like towards the patients, they should not comment easily and they should think what they are talking to the residents. The speaking style of a good nurse should be such that it would not upset the residents so that they would not have to become nervous and think something horrible might be happening.

"..joka ei olis sellanen kiireellinen.. että ehtii vähän jotakin sanoakin siinä että.. eihän sen tarvii mitään kauheita puheita pitää mutta tervehtii ja jotain siinä sanoo niin sekin auttaa.."

"a nurse who wouldn't be that kind of busy one.. has time to say something too.. of course she doesn't have to make any speeches but greets and says something, that helps too.."

"Sellainen jolla on aikaa potilaalle"

"A person who has time for a patient"

"No semmonen, joka ottaa osaa kaikkeen potilaan puheisiin ja niin pois päin."

"Well such a person who would take part into patient's talking and so on."

"Hyvä hoito on että olis aina hoitamassa ja sitä ei pysty kukaan tekeen..että aina hoitajana olla paikalla."

"Good care is such, that one would be all the time caring and that's something nobody can do..to be always present as a nurse."

The residents found it important that the behaviour of nurses is such that it is easy for the residents to work in cooperation with the nurses. Related to this, the residents thought that a good nurse is such who is behaving appropriately towards the patients, takes the patients into account and speaks clearly to the patients, meaning that the nurses would use direct language when speaking to the patients. The residents emphasized that it would be very important that the nurses would check after speaking to patients if they really have understood what has been spoken. It was also expressed, that all nurses should speak in a similar manner so the residents would not have guess what has been meant.

"Kai se on se käytös, että miten käyttäytyy. Ei potilaitakaan kohtaan saa olla ihan kuinka vaan."

"I guess it's the behaviour, how one behaves. One should not act towards patients just as one pleases"

"Reippaita ja että hyvä työskennellä niitten kanssa.. ja silti ystävällisiä ettei ne oo mitään kolhoja."

"Brisk and nice to work with.. and yet friendly and not anyhow distant".

"Asiallinen. Että se asia mikä sillä on sanottavana se tulee aika äkkiä julki siinä ettei siitä tehdä kaikenlaisia kommervenkkiä ennenku sitä sanotaan."

"Appropriate. The thing she has to say comes out quite quick so that one will not do all kinds of peculiarities before it is spoken"

6 DISCUSSION

6.1 Discussion of findings

This thesis studied the lived experiences of elderly people about the presence of their primary nurses. The interviewees shared their experiences about the nursing care and nurses of the ward and their opinions of a good nurse and good nursing care. It was revealed that the majority of the respondents did not know they were having a primary nurse. Therefore, the findings mainly concern the residents' relation to the nurses generally working in the ward. According to the findings the participants appreciated the presence of nurses and they also expressed the wish of spending more time with the nurses. The participants experienced the workload of nurses to be big and therefore they experienced the nurses to be often in a hurry. However, they were satisfied with quality of the nursing care they had been receiving. The findings indicate that nurses were regarded as nice and likeable persons and that the residents seemed to be content with the nurse's behaviour for the moment the nurse was present for a resident. According to Munnukka (1993) one of the principles of primary nursing is that a patient knows the identity of her primary nurse and there is an active relationship between the patient and the nurse. Thus, the findings indicate that primary nursing may not be working according to the nursing care delivery philosophy of the ward.

6.2 Trustworthiness of the findings

The findings of this study must be considered with certain limitations. The interviews were executed in one ward only and the sample size was rather small. However, the purpose of qualitative research is not to generalize findings but to gain new knowledge that is arising inductively from empirical data (Hirsjärvi, Remes & Sajavaara 2007, 160). Graneheim and Lundman (2003) present an assumption that reality can be interpreted in various ways and the understanding is dependent on subjective interpretation. Likewise they presume that a text always involves multiple meanings and there is always some degree of interpretation when approaching a text. These are essential issues when discussing trustworthiness of findings in qualitative content analysis. (Graneheim & Lundman 2003, 106.)

Credibility is one aspect of trustworthiness and it refers to confidence in the truth of the data acquired in the data analysis process (Polit & Hungler 1995; Polit & Beck, 2008). The first question concerning credibility arises when making a decision about the focus of the study, selection of context, participants and approach to gathering data. Interviewees' various genders and ages and the interviewer with his or her own perspective all affect the credibility of the results. (Graneheim & Lundman 2003, 109-110.) In this study the participants were elderly people and they were perhaps having memory problems, which may have an effect on the answers gained in the interviews. Graneheim and Lundman (2003, 110) also state that credibility of research findings deals with how well categories and themes cover data, meaning, no relevant data have been excluded or irrelevant data included. Related to this, Hirsjärvi and Hurme (2004, 142) pointed out that it is the researcher's discretion what to include and exclude in the research. One way of approaching credibility is to show representative quotations from the transcribed text. In this study the author included in the thesis quotations, which show best the contents of the results of the interviews. (Graneheim & Lundman 2003, 110.)

According to Polit and Beck (2008), trustworthiness also includes the concept of transferability, which can be defined as "the extent to which the findings can be transferred to other settings or groups" (Polit & Beck 2008, 768). Since the number of participants and research material of this study were rather small, the findings cannot be generalized to other settings but seen as guiding. To facilitate transferability, it was given a clear and distinct description of culture and context, a selection and characteristics of participants, data collection, and process of analysis. A rich and vigorous presentation of the findings together with appropriate quotations will also enhance transferability. (Graneheim & Lundman, 2003, 107.) This research process was supervised by the tutoring teachers and peer-reviewed by the classmates. Questions in the topic guide were sent to the head nurse of the ward before performing the interviews. After completion of the Bachelor's thesis, it was sent to the working-life co-operator for feedback. By carrying out the interviews by herself it was possible for the author to observe non-verbal communication as well (Hirsjärvi, Remes & Sajavaara 2007, 206). The author transcribed the interviews soon after performing them when the interviewing situations were well alive in the mind (Hirsjärvi & Hurme 2004, 135).

6.3 Ethical considerations

The starting point in research is respecting human dignity (Hirsjärvi et al. 2007, 25). It was asked an informed consent from the participants, since it is a part of respecting the study participants (Leino-Kilpi & Välimäki 2003, 290–292). The purpose of use, material handling and conditions for future use are defined in the informed consent (Kuula 2006, 131). The participants had the right to decide voluntarily whether to participate in a study. They also had the right to ask questions, to refuse to give information, or to withdraw from the study. (Medical Research Act 488/1999; Polit & Beck 2008, 171-172.) The identity of interviewees was not exposed in any part of this research, and the author produced to the interviewees and the nurses of the ward an information letter before performing the interviews where they were assured about the anonymity of participants and confidentiality of research material. Furthermore, it was asked from the head nurse of the ward the permission to use the name “Koukkuniemi home for the elderly” in the thesis. (Leino-Kilpi & Välimäki 2003, 290–292.)

7 CONCLUSIONS

In this study the author interviewed five elderly people in Koukkuniemi home for the elderly. The aim was to explore how the residents of the ward experienced the presence of their primary nurse. The results of the data analysis showed that the residents did not know who their primary nurse was; still they were satisfied with the nursing care provided in the ward. Additionally, this study showed the significance of nurses' presence as an important social contact for elderly people. One of the aims of the study was to give insights for the working –life cooperator about the present state of primary nursing in the ward. The author hopes that the findings of this thesis can help to improve the nursing care provided in Koukkuniemi home for the elderly and other elderly care settings.

Suggestions for future research include: how to make the nursing care more individualized, and how to get the nurses more committed to primary nursing in order to establish a therapeutic relationship with the patient. As already Kovanen (2010) suggested in her Bachelor's Thesis, one important topic to be studied would be how to make primary nursing more visible for the patients (Kovanen 2010, 31). On a theoretical level this study concerns mainly the concepts of primary nursing, presence, and nursing presence. For the author primary nursing was initially a relatively unfamiliar ideology. Based on the literature review carried out by the author, primary nursing appeared to be a very practical and nursing care delivery model of a high quality nursing. Nursing presence also turned out to be a widely studied concept and its therapeutic effects and importance as a treatment modality have been generally accepted (An & Jo 2009; Caldwell et al. 2005; La Cava Osterman 2010; Zyblock 2010).

REFERENCES

- An, G. & Jo, K. 2009. The effect of a Nursing Presence program on reducing stress in older adults in two Korean nursing homes. *Australian Journal of Advanced Nursing* 26 (3), 80.
- Benner, p. (1984). *From novice to expert: Excellence and power in clinical practice*. Menlo Park, CA: Addison – Wesley.
- Caldwell, B., Doyle, M. B., Morris, M. & Mcquaide, T. 2005. Presencing: Channeling Therapeutic Effectiveness With The Mentally Ill In A State Psychiatric Hospital. *Issues in Mental Health Nursing* 26, 853–871.
- Campbell, M.E. & Davis, L. 2011. An Exploration of the Concepts of Bearing Witness as a Constituent of Caring Practice. *International Journal for Human Caring* 15 (1), 7-12.
- Chase, S. K., Doona, M. E. & Haggerty, L.A. (eds.). 1997. Nursing Presence. An Existential Exploration of the Concept. *Scholarly Inquiry for Nursing Practice: An International Journal* 11 (1), 3-14.
- Chase, S.K., Doona, M.E. & Haggerty L.A. 1999. Nursing presence: As real as a milky way bar. *Journal of Holistic Nursing*, 17 (1), 54-70.
- Covington, H. 2005. Caring Presence. Providing a Safe Space for Patients. *Holistic Nursing Practice* 19(4), 169-172.
- Elo, S & Kyngäs, H. 2008. The qualitative content analysis process. *Journal of Advanced Nursing* 62(1), 107–115.
- ETENE. 2001. Shared values in health care. Common goals and principles. ETENE-publications 3
- Finfgeld- Connett, D. 2006. Meta-synthesis of presence in nursing. *Journal of Advanced Nursing* 55(6), 708–714.
- Finnish Nurses Association. 2012. Ethical guidelines of Nursing.
http://www.sairaanhoitajaliitto.fi/sairaanhoitajan_työ_ja_hoitotyön/sairaanhoitajan_työ/sairaanhoitajan_eettiset_ohjeet/ethical_guidelines_of_nursing/ read 9.5.2012.
- Fredriksson L. (1998) The caring conversation - talking about suffering. A hermeneutic phenomenological study in psychiatric nursing. *International Journal for Human Caring* 1, 24-32.
- Fredriksson, L. 1999. Modes of relating in a caring conversation: a research synthesis on presence, touch and listening. *Journal of advanced Nursing*, 30 (5), 1167-1176.
- Godkin, J. 2001. Healing presence. *Journal of Holistic Nursing*, 19 (1), 5-21.
- Hegyvary, S.T. 1977. Foundations of primary nursing. *Nursing Clinics of North America* 12.
- Hegyvary, S.T. 1991. 1. -2. ed. *Yksilövastuinen hoitotyö*. Trans. Suistola, A & Virtanen, T. Kirjayhtymä, Helsinki.
- Hirsjärvi, S., Remes, P. & Sajavaara, P. 2000. *Tutki ja kirjoita*. Helsinki: Tammi.

- Hirsjärvi, S. & Hurme, H. 2004. Tutkimushaastattelu: Teemahaastattelun teoria ja käytäntö. Helsinki: Helsinki University Press.
- Holloway, I. & Wheeler, S. 2010. Qualitative Research in Nursing and Healthcare. 3rd ed. Wiley-Blackwell.
- Irurita, V.F. & Williams, A.M. William. 2001. International Journal of Nursing Studies 38, 579–589.
- Kovanen, O. 2010. Primary nursing – a literature review. Bachelor's Thesis. Laurea University of Applied Sciences. 2010 Tikkurila.
- Kivi, A. & Metsäranta, J. 2009. Omahoitajajärjestelmän toimivuus hoitajien ja potilaiden kokeman. Bachelor's thesis. Jyväskylä University of Applied Sciences.
- Kuula, A. 2006. Tutkimusetiikka: Aineistojen hankinta, käyttö ja säilytys. Tampere: Vastapaino.
- La Cava Osterman, P., Schwartz-Barcott, D., Asselin, M. 2010. An Exploratory Study of Nurses' Presence in Daily Care on an Oncology Unit. Nursing Forum 45 (3), 197-198.
- Laitinen, H. 2003. Yksilövastuisten hoitotyön lähtökohdat lyhytaikaisessa hoitosuhteessa. In: Munnukka, T. & Aalto, P. (ed). Minun hoitajani – näkökulmia omahoitajuuteen. Helsinki: Kustannusosakeyhtiö Tammi, 161.
- Lehtonen, T. 2005. Co-operation between the personnel of an old people's home and residents relatives. Masters thesis. S. 19. <http://tutkielmat.uta.fi/pdf/gradu00751.pdf>. Read 10.5.2012
- Leino-Kilpi, H. & Välimäki, M. 2003. Etiikka hoitotyössä. Juva: WSOY.
- Lipponen, V. 2003. Sairaanhoidajan ja potilaan yhteistyösuhteen filosofinen tarkastelu. In: Munnukka, T. & Aalto, P. (ed). Minun hoitajani – näkökulmia omahoitajuuteen. Helsinki: Kustannusosakeyhtiö Tammi, 34.
- Luoma, M-L. 2007. Katsaus ikääntyvien laitoshoidon laadun kehittämisen suuntaajina. In: Lehtoranta, H, Luoma, M-L. & Muurinen, S. (eds.) : Ikäihmisten laitoshoidon kehittämishanke. Loppuraportti. Stakes. Raportteja 2007:19. 7-11. <<http://www.stakes.fi/verkojulkaisut/raportit/R19-2007-VERKKO.pdf>>. Read 10.5.2012.
- Medical Research Act 9.4.1999/488.
- Munnukka, T. 1993. Tehtävien hoidosta yksilövastuiseen hoitotyöhön. Acta Universitatis Tampensis. Doctoral dissertation.
- Munnukka, T. & Kiikkala, I. 1995. How Finnish Nurses Changed Over to Primary Nursing. Int. Nurs. Rev. 42 (6). 187-191. In: Terttu Munnukka. 1997 Hoitamaan oppiminen ja opettaminen. Akateeminen väitöskirja. Acta Univeristatis Tampensis 579. Vammala, Vammalan Kirjapaino Oy.
- Muhonen, M. 2008. Yksilövastuisten hoitotyön ja tiimityön toteutuminen Jyväskylän kaupungin terveyskeskussairaalassa - kyselytutkimus hoitotyöntekijöille. Pro gradu-tutkielma. Kuopion yliopisto. Hoitotieteen laitos.
- MSAH. 2010a. Ministry of Social Affairs and Health, Finland. Social and health services. http://www.stm.fi/en/social_and_health_services/social_services 1.11.2010 read 10.5.2012.

MSAH. 2010b. Ministry of Social Affairs and Health, Finland. Social services. 2010b. http://www.stm.fi/en/social_and_health_services/old_people. Read: 10.5.2012.

MSAH. 2010c. Ministry of Social Affairs and Health, Finland. Care and attention on a 24-hour basis. Working Group (Ikähoiva) Memorandum. Sosiaali- ja terveysministeriön selvityksiä 2010:28 http://www.stm.fi/c/document_library/get_file?folderId=2872962&name=DLFE-14929.pdf <http://urn.fi/URN:978-952-00-3075-9> read 10.5.2012.

Newman, M. 2008. Transforming presence: The difference nursing makes. Philadelphia, PA: F.A. Davis, 55.

Oxford English Dictionary. 3. ed. March 2007; online version December 2011. Read 21.1.12. <http://www.oed.com.elib.tamk.fi/>.

Pokki, H., Merasto, M., 1997. Työ palkitsee hoitajansa. Koko ammattitaito käyttöön. Selvitys yksilövastuisesta hoitotyöstä. Tehy ry, Sarja D: Selvityksiä 6/1997.

Polit, D & Beck, C. 2008. Nursing research. Generating and assessing evidence for nursing practice. 8. ed. Lippincott Williams & Wilkins, Philadelphia, PA.

Polit, D. & Hungler, B. 1995. Nursing research. Principles and methods. 5th ed. Lippincott Williams & Wilkins, Philadelphia, PA, 362.

Pukuri, T.2003. Yksilövastuinen hoitotyö ja sen mittaaminen. In: Minun hoitajani – näkökulmia omahoitajuuteen. Munnukka, T. & Aalto, P. (ed). Helsinki: Kustannusosakeyhtiö Tammi, 63.

Ruusuvuori, J. & Tiittula, L. 2005. Haastattelu; tutkimus, tilanteet ja vuorovaikutus. Jyväskylä: Gummerus Kirjapaino Oy.

Sorsa, M. 2003. Lapsen ja hoitajan yhteistyösuhde lastenpsykiatrisella osastolla. In: Munnukka, T. & Aalto, P. (ed). Minun hoitajani – näkökulmia omahoitajuuteen. Helsinki: Kustannusosakeyhtiö Tammi, 175.

Stanley, K. J. 2002. The Healing Power of Presence: Respite From the Fear of Abandonment. Oncology Nursing Forum 29 (6), 935-940.

Suhonen R., Välimäki M., Katajisto J. & Leino-Kilpi H. 2007. Hospitals' Organizational Variables And Patients' Perceptions Of Individualized Nursing Care In Finland. Journal Of Nursing Management 15, 197–206.

Suonsivu, K., Mäkipää, P. & Suominen, H. 2009. Eettisiä pohdintoja laitoshoidossa. Tampereen kaupungin Tietotuotannon ja laadunarvioinnin julkaisusarja C 11/2009. Juvenes Print Tampereen Yliopistopaino Oy: Tampere .

Tavernier, S. 2006. An evidence-based conceptual analysis of presence. Holistic Nursing Practice 20 (3), 152-156.

Telaranta, S. 1997. Hoitotyön hallinto. Tampere: Tammer-Paino Oy.

Tuomi, J. & Sarajärvi, A. 2004. Laadullinen tutkimus ja sisällönanalyysi. Jyväskylä : Gummerus Kirjapaino Oy.

Zyblock, D.M. 2010. Nursing Presence in Contemporary Nursing Practice. Nursing forum 45 (2), 121.

APPENDIX 1

TOPIC GUIDE

1. The relation to the primary nurse

Do you know if you have a primary nurse? / Have you noticed that you have a named nurse who is concentrating on your care? Do you experience that your relation to your primary nurse is different compared to other nurses? Do you think you and your primary nurse have a confidential relationship? What kind of feelings does it awakes in you that you have a named nurse? Do you find it as an important thing that there is a named nurse for you? Do you always know when your primary nurse is at work?

2. Experiences about nurses and life in the ward

Would you like to tell how your typical day here in the ward is? How would you like the nurse to spend time with you? Do you experience there is a sense of hurry when carrying out nursing procedures? Would it be nice to know these nurses better? Would it be nice to spend more time with the nurses? When does the nurse spend time with you? Do you experience that the nurses are sometimes in a hurry?

3. Viewpoints to good nursing care

What makes a good nurse in your opinion? What is a good nurse like in your opinion? What is your opinion of good care?

LIITE 1

TEEMARUNKO

1. Suhde omahoitajaan

Tiedätkö onko teillä omahoitajaa? Oletteko huomannut, että teillä on omahoitaja joka keskittyy teidän hoitoon? Koetteko, että teillä on omahoitajanne kanssa erilainen suhde verrattuna muihin hoitajiin? Koetteko, että teillä on omahoitajanne kanssa luottamuksellinen suhde? Millaisia tunteita se teissä herättää, että teille on nimetty oma hoitaja? Pidätkö tärkeänä asiana, että teille on nimetty omahoitaja? Tiedätkö aina kun omahoitajanne on työvuorossa?

2. Kokemuksia sairaanhoitajista ja elämästä osastolla

Kertoisitteko, millainen on tyypillinen päivänne täällä osastolla? Miten toivoisitte hoitajan viettävän aikaa kanssanne? Onko teistä kiireen tuntua hoitotoimenpiteitä tehdessä? Olisiko mukavaa tuntea nämä hoitajat paremmin? Milloin hoitaja viettää aikaa kanssanne? Koetteko, että hoitajilla on joskus kiire?

3. Näkökulmia hyvästä hoidosta

Mikä tekee sairaanhoitajasta hyvän teidän mielestänne? / Millainen on hyvä hoitaja teidän mielestänne? Millaista on hyvä hoito teidän mielestänne?

APPENDIX 2

TABLE 1

Theme: Elderly people's experiences of the presence of their primary nurse

Condensed meaning unit	Sub-theme
<p>"there should be one [primary nurse] for me"</p> <p>"I guess one of them is my primary nurse"</p> <p>"no named nurse"</p> <p>"I don't know the names"</p> <p>"I don't have a primary nurse"</p> <p>"I don't know if there is one for me"</p>	Relation to the primary nurse
<p>"nurses are nice"</p> <p>"nurses here are good"</p> <p>"nurses have taken good care of me"</p> <p>"lovely nurses"</p> <p>"nurses are often smiling"</p> <p>"nurses are friendly"</p>	Experiences about the nurses' traits and behavior
<p>"all nurses are busy"</p> <p>"once in a while very busy"</p> <p>"nurses are in a hurry"</p> <p>"no time just for one patient"</p>	Sense of hurry
<p>"hard work"</p> <p>"own tasks"</p> <p>"own patients"</p> <p>"own meetings"</p> <p>"lots of patients to feed"</p> <p>"all patients must be fed"</p>	Why nurses are in a hurry: residents experiences

<p>"appropriate behaviour"</p> <p>"considers what thinks"</p> <p>"takes part in patients speech"</p> <p>"not too busy"</p> <p>"greet"</p> <p>"says something"</p> <p>"speaks in a proper manner"</p> <p>"speaks briskly"</p> <p>"has time for a patient"</p> <p>"not distant"</p>	<p>Views of the good nurse and good nursing care</p>
---	--